

DATE \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

FOR: Massage Therapy Instructor Registration

To renew your registration return this document postmarked on or before the due date with the appropriate fee made payable to the Texas Department of Health. FEES MUST BE PAID IN PERSONAL CHECK, CERTIFIED CHECK OR MONEY ORDER.

REGISTRATION NUMBER: \_\_\_\_\_ A late fee of \$50.00, for a total of \$154.00, will be applied after the due date.  
RENEWAL AMOUNT DUE: \$104.00 If over 90 days late, a late fee of \$100.00 for a total of \$204.00 will apply.  
DATE DUE BY: \_\_\_\_\_

You have one year after your expiration date to renew. If you do not renew within this year, you may obtain a new registration by reapplying under the current rules.

Please update the following information if incorrect:

ADDRESS CORRECTIONS:

HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

The following information must be provided:

Correct SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List the massage therapy school where you are currently instructing massage therapy. If you are not currently instructing, please show n/a.

Name of School \_\_\_\_\_ Work Telephone \_\_\_\_\_  
School Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
(MM/YY) (MM/YY)

If yes to either question, give date and attach a copy of the charges and disposition papers.

- (1) Have you been convicted of a felony or misdemeanor in the last 12 months?  
YES (\_\_\_\_) NO (\_\_\_\_)
- (2) Have you entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony in the last 12 months?  
YES (\_\_\_\_) NO (\_\_\_\_)

Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

NOTE: If your name has changed, submit a copy of the legal name change document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_